STATEMENT OF DEPICIONES (XI) PROVIDERSUPPLENCIAL ABUILDING (X2) MULTIPLE CONSTRUCTION A BUILDING (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) DID	TATESBERT OF DEPICIENCIES (NO PLAN OF CORRECTION) (NO PROVIDERS PLAN OF CORRECTION PROVIDER PROVIDERS PLAN OF CORRECTION PRO	Rureau	of Licensure and Ce	rtification			a	reproced		10/08/2008 APPROVED
This Regulation is not met as evidenced by: Based on observation of 10/208, the facility did not ensure that all oxygen tanks were secured in a rack or to the wall. This Regulation is not met as evidenced by: Based on observation of 10/208, the facility did not ensure that all oxygen tanks were secured in a rack or to the wall. Findings include: Adjusted on the providence of the provi	AME OF PROVIDER OR SUPPLIER 10LY CHILD RESIDENTIAL CARE HOME PAGE TO THE PROVIDER OR SUPPLIER 10LY CHILD RESIDENTIAL CARE HOME STREET ADDRESS CITY, STATE, ZIP CODE 2252, LEST STEE COURT RENO, NY 89503 PROVIDERS PLAN OF CORRECTION PROVIDER	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NO	JMBER:	A. BUILDII	NG	10/23	COMPLE	TED
HOLY CHILD RESIDENTIAL CARE HOME 225 JESTER COURT RENO, NV 89503 PROVIDER'S PLAN OF CORRECTION PRIENT (RACH DEPTICENCY MUST ARE PRECEDED BY FULL) PREDIX PROVIDER'S PLAN OF CORRECTION PREDIX (RACH DEPTICENCY MUST ARE PRECEDED BY FULL) PREDX TAGS PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTIO	PAGE TO SECURITARY STATEMENT OF DEFICIENCIES REPRESENTATIVES SIGNATURE PROVIDERS PLAN OF CORRECTION (201) SUMMARY STATEMENT OF DEFICIENCIES RECORD BY FULL PROCESS REPRESENTATIVES STONAUM. PROVIDERS PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECTION (201) PROVIDERS PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECTION (201) PROVIDERS PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECTION (201) PROVIDER PLAN OF CORRECT	NAME OF F	IROVIDER OR SURRUER	NVN3879AGC		RESS CITY	STATE ZIP CODE		10/02	2/2008
PROVIDERS PLAN OF CONTRICTION (AS) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIDENCY MAST BE PRECEDED BY FULL (EACH DEFIDENCY MAST BY BAST BY B	CALL DESIDENTIAL CARE HOME RENO, NV 89503	NAME OF P	ROVIDER OR SUPPLIER		ľ					
PREERY (EACH DERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Y 000 Initial Comments Y 000 Initial Comments Y 000 This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/2/08. This State Licensure survey was conducted by the authority of NRS 449,150, Powers of the Health Division. The facility is licensed for four Residential Facility for Group beds for delerly and disabled persons. Category II residents. The census at the time of the survey was four. Four resident files were reviewed and five employee files were reviewed. The following deficiencies were identified: Y 688 SS=F Or racks NAC 449,2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (c) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by Based on observation on 10/2/08, the facility did not ensure that all oxygen tanks were secured in a rack or to the wall. Findings include: deficiencies are cited, an appropyding of correction must be returned within 10 days after receipt of this statement of deficiencies. TITLE DAGNATORY DIRECTORS OR PROVIDER/SUPPLER REPRESENTATIVES SIGNATURE WHO DELIVERY OF THIS STATE COMPUTED TO THE APPROPRIATE DATA COMPUTE	PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) Y 000 Initial Comments This statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/2/08. This State Licensure survey as conducted by the authority of NRS 449,150, Powers of the Health Division. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons. Category II residents. The census at the time of the survey was four. Four residentifies were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: Y 698 NAC 449,2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449,2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (b) Ensure that: (c) Ensure that: (d) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by. Based on observation on 10/2/08, the facility did not ensure that all oxygen tanks were secured in a rack or to the wall. Findings include: Indicate the precision of the PRROPRIATE COMPANIES	HOLY CI			RENO, NV					
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 6899 6899 6897 6899 6899 6899 6899 6899 6899 6899		Findings include:							
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TATE FORM 6899 6YP711 DECENTION sheet 1 of 5	RECEIVED	ABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESE	NTATIVE'S SIGI	NATURE	ABAGENIS	TRAFON	18	1126/08
		TATE FOR	М		6	899	6YP711	DECE	I Continua	ation sheet 1 of 5

PRINTED: 10/08/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN3879AGC 10/02/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2225 JESTER COURT HOLY CHILD RESIDENTIAL CARE HOME **RENO, NV 89503** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Y 698 Continued From page 1 Y 698 During an initial tour of the facility at 9:00AM, three large oxygen tanks were observed standing up against a wall in the garage next to a full oxygen rack. Severity: 2 Scope: 3 10/2/08 Y 885 Y 885 449.2742(9) Medication / Destruction The 2 Bottles over SS=D the Courten was unopened Tylend which
the Fruity of RESIDENT

5 (Thansferen to NAC 449.2742 9. If the medication of a resident is discontinued. the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable to Freelity For Care Gover method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, pensonal use. The bottles or other containers into a toilet shall be deemed to be an acceptable method of 2 Bottles with Destroyed destruction of medication. By canceiven Distert 10/2/08 during the Surety. The ADTACAISTUSTON WILL

Findings include:

The secured cabinet storing resident medications was inspected. Two over-the-counter medication bottles were observed labeled with Resident #5's name. According to a record review, the resident

This Regulation is not met as evidenced by: Based on observation and record review on 10/2/08, the facility did not destroy medications

after a resident had been discharged.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 2 of 5



monitor for Complemee.

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10/02/2008

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES	,
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE C	ONSTRUCTION
A. BUILDING	
B. WING	

(X3) DATE SURVEY COMPLETED

NVN3879AGC

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RESIDENTIAL CARE HOME SUMMARY STATEMENT OF DEFICIENCIES	2225 JEST RENO, NV	TER COUR' / 89503	Т	
SUMMARY STATEMENT OF DEFICIENCIES				
(EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ntinued From page 2		Y 885		
l been discharged on 11/11/07.				
verity: 2 Scope: 1				
0.2744(1)(b)(2) Medication / MAR		Y 896	4896	192/08 9:30An
vides assistance to residents in the ninistration of medication shall mainta A record of the medication administe th resident. The record must include	ain: ered to :		When it comes to medication sommer TERED AND the	×1.
sed on record review and interview or facility did not ensure the medication ninistration record (MAR) was proper tumented for 4 of 4 residents. dings include: e October MAR was reviewed for all fidents at 11:00AM. The MAR indicate sident #1 had twelve morning medicate sident #2 had three morning medicate sident #3 had five morning medications de of the morning medications of the morning medications had be alled by the caregiver that they were go of the residents confirmed that they are given their morning medications.	n 10/2/08,		CAME GIVEN, ONE OF the PLESCOENT PRADE A ME ON her DEPEND SO SHE fook HEN to the BATHIO d. Clerase HER cy The SHE Porgot to Instint the BARN BECAUSE OF the hochie MORNING. The MOMEN'S TOUS FOR WITH	55 55 55
The last of the contract of th	been discharged on 11/11/07. Perity: 2 Scope: 1 2744(1)(b)(2) Medication / MAR 2 449.2744 The administrator of a residential facing resident and interview of a resident. The record must include (2) The date and time that the medication record review and interview of facility did not ensure the medication inistration record (MAR) was proper umented for 4 of 4 residents. Bregulation is not met as evidence and the medication of the medication inistration record (MAR) was proper umented for 4 of 4 residents. Cotober MAR was reviewed for all the dents at 11:00AM. The MAR indicated ident #1 had twelve morning medication ident #2 had three morning medication ident #4 had eight morning medication ident #4 had eight morning medication and the properties of the residents confirmed that they had given their morning medications. Engiver reported she had given all four sides and the properties are properties and the properties and the properties are properties.	been discharged on 11/11/07. Perity: 2 Scope: 1 2744(1)(b)(2) Medication / MAR 2 449.2744 The administrator of a residential facility that rides assistance to residents in the inistration of medication shall maintain: A record of the medication administered to a resident. The record must include: (2) The date and time that the medication was inistered. 3 Regulation is not met as evidenced by: 8 Regulation is not met as evidenced by: 9 and interview on 10/2/08, facility did not ensure the medication inistration record (MAR) was properly umented for 4 of 4 residents.	been discharged on 11/11/07. erity: 2 Scope: 1 2744(1)(b)(2) Medication / MAR 2449.2744 the administrator of a residential facility that rides assistance to residents in the inistration of medication shall maintain: A record of the medication administered to a resident. The record must include: (2) The date and time that the medication was inistered. Regulation is not met as evidenced by: ed on record review and interview on 10/2/08, facility did not ensure the medication inistration record (MAR) was properly umented for 4 of 4 residents. Ings include: October MAR was reviewed for all four dents at 11:00AM. The MAR indicated that ident #1 had twelve morning medications, ident #2 had three morning medications, ident #3 had five morning medications and ident #4 had eight morning medications. e of the morning medications had been alled by the caregiver that they were given. of the residents confirmed that they had an given their morning medications. The egiver reported she had given all four	been discharged on 11/11/07. arity: 2 Scope: 1 2744(1)(b)(2) Medication / MAR Y 896 Usually our A 449.2744 The administrator of a residential facility that rides assistance to residents in the inistration of medication shall maintain: A record of the medication administered to resident. The record must include: (2) The date and time that the medication was inistered. Regulation is not met as evidenced by: ed on record review and interview on 10/2/08, facility did not ensure the medication inistration record (MAR) was properly unented for 4 of 4 residents. October MAR was reviewed for all four dents at 11:00AM. The MAR indicated that ident #1 had twelve morning medications, ident #2 had three morning medications, ident #4 had eight morning medications and ident #4 had eight morning medications. The giver reported she had given all four given their morning medications. The giver reported she had given all four

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 3 of 5

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Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES	
AND PLAN OF CORRECTION	

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRU	CTION
A. BUILDING	
B. WING	

(X3) DATE SURVEY COMPLETED

NVN3879AGC

STREET ADDRESS, CITY, STATE, ZIP CODE

HOLY C	HILD RESIDENTIAL CARE HOME	2225 JESTER O RENO, NV 895			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PRI	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 896	Continued From page 3	Y 89	96		
	gotten busy and had forgotten to initial to gave them.	nat she			
	Severity: 1 Scope: 3				1.1.1.0.
Y 920 SS=E	449.2748(1) Medication Storage	Y 92	20	4920	3.75 pm
	NAC 449.2748 1. Medication, including, without limitation over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.	on, any		The precision will rome super that extend that extend the Stone of in A Separate Box mis consepel For Extended to the AD PRINCETTURE for will reconston for Complex	r
	This Regulation is not met as evidenced Based on observation on 10/2/08, the far not ensure that external medications be 2 of 4 residents were stored separately medications.	cility did longing to		RECEIVED OCT 21 2008 BUREAU OF LICENSURE	
	Findings include:			AND CERTIFICATION CARSON CITY, NEVADA	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Cer	tification		The state of the s	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	NVN3879AGC		B. WING	10/02/2008
NAME OF PROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STATE, ZIP CODE	

		NVN3879AGC				10/0	2/2008
AME OF P	ROVIDER OR SUPPLIER			RESS, CITY, ST	ATE, ZIP CODE		
HOLY CH	IILD RESIDENTIAL CARE	HOME	2225 JEST RENO, NV	FER COURT 89503			
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,	Resident #1 - A bottle obeing stored with the re	sident's oral med	dications.				
	Resident #3 - A bottle o eye ointment were obseresident's oral medication	erved being store	a tube of d with the				
	Severity: 2 Scope: 2						
							}
eficiencies ATE FOR!		of correction must be			receipt of this statement of def	iciencies.	ation sheet f
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